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Date: September 18, 2000 **No. of Pages (including cover):** 6
To: Ms. Paulette Kidwell **Fax Number:** 703-305-3230
PCT **Contact Number:** 703-305-3656
United States Patent & Trademark
Office
From: Frances B. Cutajar, Sr. Legal Assistant **Reference No.:** 1103326-0633
Re: U.S. Application Serial No. 09/622,745 (National Phase of PCT/Se00/00878)

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Dear Ms. Kidwell:

Further to your telephone request this afternoon, attached is a copy of the PCT/RO/101 Request form. Also attached is a copy of the USPTO return postcard indicating that a copy was forwarded with the national application filing papers.

Thank you.

Sincerely,

Frances B. Cutajar
Frances B. Cutajar
Senior Legal Assistant

Attachments

cc: John M. Genova, Esq.

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

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International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) H 2174-1 WO

Box No. I TITLE OF INVENTION NEW METHODS	
Box No. II APPLICANT	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) AstraZeneca AB S-151 85 Södertälje Sweden	<input type="checkbox"/> This person is also inventor. Telephone No. +46 8 553 260 00 Facsimile No. +46 8 553 288 20 Teleprinter No.
State (that is, country) of nationality: SE	State (that is, country) of residence: SE
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) EKSTRAND, Jonas AstraZeneca R&D Umeå Tvistevägen 48 S-907 36 Umeå Sweden	This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)
State (that is, country) of nationality:	State (that is, country) of residence:
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Global Intellectual Property, Patents AstraZeneca AB S-151 85 Södertälje Sweden	Telephone No. +46 8 553 260 00 Facsimile No. +46 8 553 288 20 Teleprinter No.
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

EDLUND, Anders
AstraZeneca R&D Umeå
Tvistevägen 48
S-907 36 Umeå
Sweden

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
SE

State (that is, country) of residence:
SE

This person is applicant for the purposes of:

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

JOHANSSON, Thore
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Tvistevägen 48
S-907 36 Umeå
Sweden

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:
SE

State (that is, country) of residence:
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This person is applicant for the purposes of:

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LEONARDSSON, Göran
AstraZeneca R&D Mölndal
S-431 83 Mölndal
Sweden

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

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State (that is, country) of residence:
SE

This person is applicant for the purposes of:

- ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

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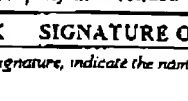
Regional Patent

- ☒ **AP** ARIPO Patent: CH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT
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Box No. VI PRIORITY CLAIM		<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.								
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:								
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item (1) 06 May 1999 (06.05.1999)	9901659-4	Sweden (SE)								
item (2)										
item (3)										
<input checked="" type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): (1)										
<i>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial Property for which that earlier application was filed (Rule 4.10(b)(iii)). See Supplemental Box.</i>										
Box No. VII INTERNATIONAL SEARCHING AUTHORITY										
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):		Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):								
ISA/ SE		<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Date (day/month/year)</td> <td style="width: 33%;">Number</td> <td style="width: 33%;">Country (or regional Office)</td> </tr> <tr> <td>27 December 1999</td> <td>SE99/00556</td> <td>Sweden (SE)</td> </tr> </table>			Date (day/month/year)	Number	Country (or regional Office)	27 December 1999	SE99/00556	Sweden (SE)
Date (day/month/year)	Number	Country (or regional Office)								
27 December 1999	SE99/00556	Sweden (SE)								
Box No. VIII CHECK LIST; LANGUAGE OF FILING										
This international application contains the following number of sheets:	This international application is accompanied by the item(s) marked below:									
request : 4 description (excluding sequence listing part) : 26 claims : 5 abstract : 1 drawings : 6 sequence listing part of description : 4 Total number of sheets : 46	1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: GF1189/2000 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 6. <input type="checkbox"/> translation of international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material 8. <input checked="" type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input checked="" type="checkbox"/> other (specify): ITS Report SE99/00556									
Figure of the drawings which should accompany the abstract: 1	Language of filing of the international application: English									
Box No. IX SIGNATURE OF APPLICANT OR AGENT										
<i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i>										
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> <p>Södertälje, 4 May 2000</p> <p></p> <p>Sten Danielsson</p> <p>Global Intellectual Property, Patents, AstraZeneca AB</p> </div> <div style="width: 50%; border-left: 1px solid black; padding-left: 10px;"></div> </div>										

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1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	<input type="checkbox"/> not received:
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.

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Assistant Commissioner for Patents
Box PCT
Washington, D.C. 20231

Date 08/22/00
Atty. Docket 1103326-0633
Serial No. TBA

Sir:

NA PCT PCT/SE00/00878
Kindly acknowledge receipt of the accompanying:

- ☒ Specification and Claims 31 592 Rec'd PCT/PTC 22 AUG 2000
☒ Oath/Declaration and Power of Attorney ☒ Executed ☒ Not Executed
☒ 6 Sheets of 1464 (filing fee) ☒ Informal drawings
☒ Check for \$ 1464
☐ Small entity declaration
☒ Assignment and Check for \$ 40 + Recodation
☐ Request 37 CFR ☐ 1.53c ☐ 1.53d ☐ 1.53b
☐ Petition under 37 CFR 1.136 and Check \$
☒ Other (specify) Diabetic containing computer readable listing
by placing your receiving date stamp hereon and mailing or returning to deliverer.

- ☐ New Appl.
☐ Continuation
☐ Divisional
☐ CIP

37 CFR 1.8
37 CFR 1.10
By Hand

Atty Menoua Due Date 1/1/01
copy of PCT/RO/101 Request